

OPTIMA HEALTH COMMUNITY CARE

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-319-5003. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete forms will delay the authorization process.

Opioids can provide short-term benefits for moderate to severe acute pain. Scientific evidence is lacking for the benefits of opioids for treatment of chronic pain. Based on the CDC Guidelines for Prescribing Opioids for Chronic Pain, OPIOIDS ARE NOT RECOMMENDED AS FIRST-LINE TREATMENT FOR CHRONIC PAIN. Please see <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm> for additional information.

Use one form per member please.

Drug Requested: Methadone

MEDICAID

Prescriber's Specialty: Oncologist Sickle Cell Chronic Pain Specialist
 Palliative Care Other _____

DRUG INFORMATION:

STRENGTH: _____ DIRECTIONS: _____ QUANTITY REQUESTED: _____
TOTAL DAILY DOSE: _____

****Please verify that the daily dose limit is not exceeded. The list can be found at the web URL below:**
<http://providers.optimahealth.com/pharmacy/Pages/Formularies.aspx>

DIAGNOSIS

Metastatic Neoplasia Sickle Cell Chronic Severe pain Other: _____

HISTORY

1. Is this member an infant discharged from the hospital on a methadone taper & under 1 year of age? Yes No
2. Does the member have a contraindication to all other long acting opioids? (send MedWatch form) Yes No
3. Is the member **CURRENTLY** taking any of the following? *Please indicate which.*
 Single entity immediate release or extend release opioids Benzodiazepines
 Barbiturates Carisoprodol Meprobamate
4. Does the member have a history or have they ever received treatment for, drug dependence or drug abuse? Yes No

PRESCRIPTION MONITORING PROGRAM (PMP) - <https://www.pmp.dhp.virginia.gov/VAPMPWebCenter/login.aspx>

5. The Prescriber has checked the PMP on the date of this request to **determine whether the patient is receiving opioid dosages or dangerous combinations (such as opioids and benzodiazepines) that put him or her at high risk for fatal overdose.** Yes No
PMP website: <https://virginia.pmpaware.net> x
6. Document the **fill date** for the patient's last **opioid Rx**: _____
7. Document the **fill date** for the patient's last **benzodiazepine Rx**: _____
8. Document the patient's total drug Morphine Milligram Equivalents from the PMP site: _____ MME/day
9. For MME: From 51 to 90 MME/day (*Prescriber should consider offering a prescription for naloxone and overdose prevention education*)
 >90 MME/day (*Prescriber should consider offering the patient a prescription for naloxone and provide overdose prevention education; plus consider consultation with a pain specialist*). **Information about MMEs on pages 3-4.**

Naloxone injection 0.4mg/mL and 1mg/mL vials and syringes and Narcan® Nasal Spray (4 mg of naloxone hydrochloride/ 0.1 mL spray) are available without a prior authorization. Evzio® requires a prior authorization.

TREATMENT PLAN

FDA BLACK BOX WARNING: *Health care professional should limit prescribing opioid pain medicines with benzodiazepines or other CNS depressants only to patients for whom alternative treatment options are inadequate. If these medicines are prescribed together, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. Warn patients and caregivers about the risks of slowed or difficult breathing and/or sedation, and the associated signs and symptoms. Avoid prescribing prescription opioid cough medicines for patients taking benzodiazepines or other CNS depressants, including alcohol.* <http://www.fda.gov/Drugs/DrugSafety/ucm518473.htm>

10. Have you counseled your patient of the risks associated with combined use of benzodiazepines and opioids? Yes No
Tapering Guidelines for Opioids and Benzodiazepines:
<http://www.oregonpainguidance.org/app/content/uploads/2016/05/Opioid-and-Benzodiazepine-Tapering-flow-sheets.pdf>
11. Prescriber attests that a treatment plan with goals that addresses benefits and harm has been established with the patient and the following bullets are included. Plus, there is a **SIGNED** agreement with the patient. Yes No
- Established expected outcome and improvement in both pain relief and function or just pain relief as well as limitations (i.e., Function may improve yet pain persist OR pain may never be totally eliminated)
 - Established goals for monitoring progress toward patient-centered functional goals; e.g., walking the dog or walking around the block, returning to part-time work, attending family sports or recreational activities, etc.
 - Goals for pain and function, how opioid therapy will be evaluated for effectiveness and the potential need to discontinue if not effective.
 - Emphasize serious adverse effects of opioids (including fatal respiratory depression and opioid use disorder, OR alter the ability to safely operate a vehicle)
 - Emphasize common side effects of opioids (constipation, dry mouth, nausea, vomiting, drowsiness, confusion, tolerance, physical dependence, withdrawal)

Sample Physician/Patient Agreement: www.drugabuse.gov/sites/default/files/files/samplepatientagreementforms.pdf

12. A presumptive urine drug screen (UDS) MUST be done at least annually. The UDS must check for the prescribed drug plus a minimum of 10 substances including heroin, prescription opioids, cocaine, marijuana, benzodiazepines, amphetamines, and metabolites. **A copy of the most recent UDS is attached.** Yes No

If **No**, please explain:

Note:

- Authorizations for chronic pain that requires continuous around-the-clock analgesia will be for **6 months in length**.
- **Optima does not cover any form of methadone for the treatment of opioid addiction through pharmacy POS.**
- Use of opioid analgesics during pregnancy has been associated with Neonatal Opioid Withdrawal Syndrome. Providers **should** counsel women of childbearing age regarding the risks of becoming pregnant while receiving opioids, including the risk of Neonatal Opioid Withdrawal Syndrome. Providers should offer access to contraceptive services when necessary.

****Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Member Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

REVISED/UPDATED: 7/5/2017